

California Polytechnic State University Travel Expense Claim Form

Please submit completed Travel Pre-Authorization Form with Travel Claim

Claimant's Name	Residence Address (Non Employees Only)	City	State	Zip Code
Type of Traveler	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Management <input type="checkbox"/> Student <input type="checkbox"/> Guest Speaker <input type="checkbox"/> Recruitment Candidate <input type="checkbox"/> Other, Explain:			
EmpID (not SS#)	Department	Telephone #	Vehicle License #	Mileage Rate Claimed
				0.625 (as of 7/22)

Travel Destination (city & state, or city & country)	Purpose of Trip
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Departure and Arrival		City and State or City and Country where expenses were incurred	Domestic Travel Meals Costs			Domestic Meals Total	Domestic Travel Incidental Expenses	Foreign Travel Meals & Incidental Expenses	Lodging Cost	Airfare Cost	Private Car Use		Misc. Travel Expense (Enter on 2nd Page)	Total Expenses
Date	Time		B	L	D						Miles	Amount		
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
						0.00					0.00	0.00	0.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Cal Poly (including University Campus Programs)	Fund	DeptID	Account	Program	Class	Project	Amount	Cal Poly Advance Received <input style="width:50px;" type="text"/> Total State Amount Authorized \$0.00 Cal Poly Reimbursement Total \$0.00

CAL POLY CORPORATION (CPC)	Org Key	Object Code	Amount	CPC Advance Received <input style="width:50px;" type="text"/> Total CPC Amount Authorized \$0.00 CPC Reimbursement Total \$0.00

Expenses paid by traveler's CPC ProCard **198100**

TRAVEL EXPENSES PAID ON YOUR BEHALF - Direct Billed (You are not claiming these expenses for reimbursement. They have been paid via Enterprise, Giselle's, ProCard, etc.)	Notes:	Airfare Costs Conference Fees Rental Car Expenses Other Expenses Subtotal \$0.00
TOTAL COST OF AUTHORIZED EXPENSES		\$0.00

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with applicable California State University procedures and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	APPROVING OFFICIAL SIGNATURE (Must have signature authority on chartfields listed, and hold a minimum employment classification of MPP, Dept. Head, Dept. Chair, or Confidential.)	DATE
PRINT NAME	PRINT NAME FOR APPROVING OFFICIAL		TITLE

